

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKAkeel Abdul Jamiel

(In the space above enter the full name(s) of the plaintiff(s).)

SECOND
AMENDED
COMPLAINT

-against-

under the Civil Rights Act,
42 U.S.C. § 1983(1) Deputy J. Fries, Deputy M. Washburn, Deputy
Pukit, Captain Smith,Jury Trial: ☒ Yes ☐ No
(check one)(2) CPL Calangelo, Deputy Gurrieri
Deputy M. Washburn, Deputy M. Shaw
Deputy Shaw other Brother
Deputy Montiferi

17 Civ. 07172 (NSR)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 4-20-18

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name Akeel Abdul Jamiel
ID# 18A0202
Current Institution Willard Drug Treatment Campus
Address P.O. Box 303, 7116 County RT 132
Willard, NY 14588

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name J. Fries Shield # unknown
Where Currently Employed Sullivan County Jail
Address 4 Bushnell Ave
Monticello NY 12701

Defendant No. 2 Name M. Washburn Shield # unknown
 Where Currently Employed 4 Bushnell Ave Sullivan County Jail
 Address 4 Bushnell Ave
Monticello NY 12701

Defendant No. 3 Name Pugh Shield # unknown
 Where Currently Employed Sullivan County Jail
 Address 4 Bushnell Ave
Monticello NY 12701

Who did
what?

Defendant No. 4 Name Captain Smith Shield # unknown
 Where Currently Employed 4 Bushnell Ave S.C.J.
 Address 4 Bushnell Ave
Monticello NY 12701

Defendant No. 5 Name Cpl Calangelo Shield # unknown
 Where Currently Employed Sullivan County Jail
 Address 4 Bushnell Ave
Monticello NY 12701

II. Statement of Claim: M. Washburn, M. Shaw, other Shaw
Deputy Montiferi. All work at above address.

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Sullivan County Jail
4 Bushnell Ave Monticello NY 12701

B. Where in the institution did the events giving rise to your claim(s) occur?

Meds and C-block; Even in the S.H.U.

C. What date and approximate time did the events giving rise to your claim(s) occur?

Around Oct of 2017.

D. Facts: Please see attached paper

What
happened
to you?

On OR ABOUT Sept of 2017 the following individuals who were the staff of sullivan count jail sexually harrassed me and discriminated against me and my sexuality, refering to me as a homo-sexual costantly and continueously defimated my character. They were volunteerly telling inmates that I'm a homo-sexual to belittle me and assassinate my personality as a human who has constitutional rights and a hetro-sexual.

Their accusations and discrimination caused me to get into an altercation with a fellow inmate by the name of Christofer Caywood. He called me a homo refering to me because of the mentioned sullivan county staff. Their remarks and harrassements has caused me to be looked at as a nasty person in the eyes of other inmates.

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

~~As a result of their abuse and negligence I now suffer from depression and anxiety as I have no control over what they wrongfully doing to me and purposely over miniplate their position. I'm mentally damaged by their actions and mis-conduct~~

~~I were on psych meds in Downstate correctional facility and in sullivan county jail. Its on record. Also Im not the same person that first came in 2017 27th of April. I'm mentally and permanatly disabled because of their actions and mental abuse. and thir physical abuse that led me to engage in a physical altercation with my fight risk multiple times where it was intentionally set up and done by them.~~

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Sullivan County Jail
4 Bushnell Ave, Monticello, NY, 12701

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)?

Fight Risk ISSUE. Because it happened more than one time.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Sullivan County Jail

1. Which claim(s) in this complaint did you grieve?

The Sexual Harassments and Homo Sexual remarks.

2. What was the result, if any?

They did not forward the grievance to me at my second reception facility.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I grieved it, but they spelled error on it and sent back to me I did it and sent it but they never forward it to Downstate to follow me.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

None

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

They gave me an informal and followed proper procedures. But they seemed to cover it up.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

The staff acted intentionally by letting my right risk out on a couple occasions and did not follow proper escort procedures. were at complete negligence. They also damaged my personality and damaged me mentally by referring to me as a homo sexual and completely destroyed my character.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I am seeking the sum of 50,000,000.00 fifty million dollars. I am also in request of a full investigation from this court in regards to my sexual harassments and abuse.

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Akeel Abdul Jamel
Defendants Deputy J. Fries, M. Washburn, Deputy, Puat, Captain Smith.

2. Court (if federal court, name the district; if state court, name the county) Southern District of New York, 500 Pearl Street.

3. Docket or Index number 17-CV-07172

4. Name of Judge assigned to your case Judge Roman

5. Approximate date of filing lawsuit Sept, of 2017

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) still pending.

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Akeel Abdul Jamel
Defendants Chief Robert Mir, Scott Galligan

2. Court (if federal court, name the district; if state court, name the county) Southern District of New York 500 Pearl Street.

3. ☒ Docket or Index number 17-CV-7559 (KMK)

4. Name of Judge assigned to your case Honorable Kenneth Karas

5. Approximate date of filing lawsuit October, of 2017

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) still pending.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 day of April, 2018.

Signature of Plaintiff

Inmate Number

Institution Address

[Signature]

18A0202

willard Drug Treatment campus
7116 county RD. 132
willard NY 14588

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13 day of April, 2018, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]

Sworn to before
me this 13th
day of April 2018

[Signature]

M. Appleby
Notary Public - Monroe County
#01AP6214593
Expires on 12/14/2021

WILLARD DRUG TREATMENT CAMPUS

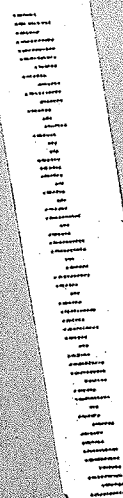
7116 COUNTY ROAD 132

P.O. BOX 303

WILLARD, NEW YORK 14588

Akeel Abdul Jamel

DIN# 18A0202



2018 APR 20 AM 3:41

clerk

United States District court
Southern District of New York
The Daniel Patrick Moynihan United States
Court House
500 Pearl Street, pro se office RM#
New York, NY, 10007-1312

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